

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 0990-0379)**

TITLE OF INFORMATION COLLECTION:

HHS.gov Website Feedback Survey II

PURPOSE:

The purpose of this survey is to determine the user’s reaction to and feedback on the redesign of the U.S. Department of Health & Human Services’ (HHS) website HHS.gov.

We will do this by using an online survey tool called SurveyMonkey. Participants will complete the survey online using their own computer.

DESCRIPTION OF RESPONDENTS:

Survey participation will be optional and voluntary. We will be distributing the URL for the survey via the HHS Gov delivery account, as well as posting it on the HHS social media channels and including the link on the HHS.gov home page. We would like members of the general public, US residents over the age of 18, to volunteer to participate in this survey.

TYPE OF COLLECTION: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: <u>A Website Feedback Survey</u> |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Sam Bronson

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No

3. If Applicable, has a System or Records Notice been published? [] Yes [] No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
HHS Gov Delivery email list	2000	10/60	333hrs
Social Media Channels and HHS.gov home page	1000	10/60	167 hrs
TOTAL			500 hrs

FEDERAL COST: The estimated annual cost to the Federal government is none.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The Selection of Your Targeted Respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
[X] Yes [] No

***If the answer is yes, please provide a description of both below (or attach the sampling plan)?
If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?***

This survey will be available to all subscribers of the HHS.gov Gov Delivery email update. The Gov delivery list serves emails to more than 187,000 users. Recipients will be able to access the survey via a link in an email. The URL will also be distributed through HHS social media channels and via a link on HHS.gov.

We will not be sampling. Providing feedback through this survey is optional and voluntary. Our goal is a 20% response rate, but we reasonably expect 2000 responses. We would like to conduct this survey annually.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[X] Web-based or other forms of Social Media
[] Telephone
[] In-person
[] Mail
[] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [X] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

NOTE: Please see attachment (Project H Website Feedback Survey 2 final for OMB 072415) for instructions and scripts.

